



COMMONWEALTH of VIRGINIA

Office of the Governor

P.O. Box 2454

Richmond, Virginia 23218

Telephone: (804) 786-2441; Fax: (804) 371-0017

Mark R. Warner
Governor of Virginia

Anita A. Rimler
Secretary of the Commonwealth

Application for Gubernatorial Appointment

Please return this application to the Office of the Secretary of the Commonwealth, Attention Appointments Division, P.O. Box 2454, Richmond, Virginia 23219; or by fax at (804) 371-0017. Please also include your resume for full consideration.

Appointment(s) for which you would like to be considered:

Name: _____
Last First Middle

Have you ever used, or have you ever been known by, any other name? If yes, provide names and explain:

Home Address:

Street/City/State/Zip County

Home Phone: _____

Home E-Mail: _____

Cellular Telephone: _____

Business Name:

Position Title:

Business Address:

Street/City/State/Zip County

Business Phone: _____

Fax number: (Work) _____ (Home) _____

E-Mail (please print): _____

Date of Birth: _____

Please specify citizenship status: _____

Registered to vote in Virginia: YES _____ NO _____

EDUCATION (Please list all schools attended, including degree(s) and dates; if answered in full on your attached resume, please indicate):

EMPLOYMENT EXPERIENCE (If answered in full on your attached resume, please indicate):

Have you previously held, or do you currently hold any professional licenses? If so, please include numbers:

Previous government appointments, positions or elected office(s) held:

HONORS AND AWARDS (Please list all scholarships, fellowships, honorary degrees, honorary society memberships, and other special recognitions for outstanding service or achievements):

****REFERENCES** (On a separate sheet, please list the name, address, telephone number and e-mail address of three (3) persons who are willing to serve as references.)

For the following questions, all "yes" answers require detailed responses, unless FULLY EXPLAINED in your attached resume. Use a separate sheet if necessary.

1. MILITARY SERVICE: List rank, date and type of discharge from active service:

a. Discharge: Were you discharged from military service under anything less than honorable conditions? If yes, please explain.

YES _____ NO _____

b. Are you a member of the Reserves or the National Guard?

YES _____ NO _____

If yes, date obligation ends: _____

2. BUSINESS RELATIONSHIPS/LOBBYING ACTIVITIES: Describe, on a separate sheet, any business relationship, dealing or financial transaction which you have had during the last five years, whether for yourself, on behalf of a client, or acting as an agent which you believe may constitute an appearance of impropriety or resulting in a potential conflict of interest in the position to which you want to be appointed. If none, please state. Also, are you, or have you at any time, been a registered lobbyist?
YES _____ NO _____

3. CITATIONS: Have you ever been cited for a breach of ethics for unprofessional conduct, or been named in a complaint to any court, administrative agency, regulatory body, professional association, disciplinary committee, or other professional group? If yes, please provide details.
YES _____ NO _____

4. CONVICTION: Have you ever been convicted of or entered a plea of guilty or nolo contendere or forfeited collateral for any criminal violation other than a minor traffic offense? (Minor traffic offenses do not include the Virginia offenses of operating under the influence of liquor, operating while impaired, reckless driving or the equivalent offenses in other states.) If yes, please explain.
YES _____ NO _____

5. CURRENT CHARGES: Are you now under charges for any violation of law? If yes, please provide details. YES _____ NO _____

6. OPPOSITION/ASSOCIATIONS: Do you have any expectations of any group or individual voicing concern about your possible appointment? If yes, please explain.
YES _____ NO _____

7. DELINQUENCIES: Are you delinquent on any federal, state, or local debt? (Include delinquencies for income, property, or other taxes, governmental loans, overpayment of benefits, required payments into or under governmental programs, and other debts or required payments to the government plus any defaults on or under loans which are or were guaranteed, insured, or subsidized by any unit of government.) If yes, please provide details on a separate sheet of paper.
YES _____ NO _____

8. MEDICAL/MENTAL HISTORY: Is there anything in your medical or mental history that may be relevant to service in the position for which you seek? If yes, please provide details.
YES _____ NO _____

The following optional information is requested in order to ensure that this administration considers the talent and creativity of a diverse pool of candidates. In addition, specific backgrounds or qualifications are legally required for appointment to some boards and commissions. You may, therefore, wish to provide this information in order to ensure that you are considered for relevant boards and commissions.

Gender (M/F): _____

Person with a disability (please specify): _____

Ethnic Group/s:

Asian/Pacific Islander: _____

Indian: _____

African-American/Black: _____

White: _____

Hispanic: _____

Native American: _____

Arab: _____

Other: (please specify) _____

CERTIFICATION

I, _____ (please print name), certify that all statements and representations provided in this statement and on accompanying materials and resume are, to the best of my knowledge, true and accurate.

Signature _____

Dated _____

RESUME

Please attach a copy of your resume to this form. Please make sure you have included all relevant work experience, education, government or military service, honors, awards and other talents, unless otherwise stated on this application.

Applications should be mailed to:

**Secretary of the Commonwealth
Attention: Appointments Division
P.O. Box 2454
Richmond, Virginia 2321**

Or by fax to: (804) 371-0017 - Attn: Appointments Division